

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583212

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		6				
11		6				
12		6				
13		6				
14		6				
15	1					
16	1					
17	1					
18		9				
19	1					
20	1					
21	1					
22		1				
23		2				
24	1					
25	1					
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27		2				
28		2				
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49						
50						
TOTAL IND.	10					
TOTAL DEP.	54					
TOTAL CLAIMS	64					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						